

cold affusions. He administers them in the following manner:—The patient is held by two men, one of whom takes him by the arms, the other by the legs; they then dip his body quickly in a bathing-tub of cold water. This immersion, which lasts only an instant, ought to be repeated five or six times in a quarter of an hour. It produces in the patient a very violent muscular spasm, particularly in the pectoral region, insomuch that he thinks himself about to suffocate, but habit soon renders this sensation less insupportable. The operation being over, the patient is wiped perfectly dry, and made to take pretty active exercise for half an hour or an hour. M. Dupuytren remarks, that after following this treatment a few days, cases of chorea of several years standing have become better, and sometimes in the course of a fortnight or month, got completely well. For the application of cold affusions, the patient is seated in an arm chair or bathing-tub, when six or seven jets of cold water are successively dashed upon his head, and other parts of his body, after which the same attentions and exercise, as before mentioned, are to be adopted. The treatment by affusions is especially employed for females.

The *Journal Hebdomadaire*, from which the note is borrowed, has published three cases cured by these means; one of a young man, aged sixteen years, who had been affected for several years, and whose four limbs were very much affected, cured in five weeks; another, of a girl, aged seventeen years, affected chiefly on one side of the body, cured in three weeks; the third, a little girl aged thirteen years, affected for three months throughout the body, cured in twelve days.—*Journal des Progrès, Tom. III. 1830.*

38. *Membranous Tracheal Angina.*—A lace-maker, twenty-six years of age, after loss of appetite for some days, was affected with febrile uneasiness and slight chilliness. Soon afterwards a hard and troublesome cough, with hoarseness, pain at the anterior part of the neck, and difficulty of deglutition, supervened. When he entered the clinical wards of La Charité, the fifteenth day of the disease, all these symptoms continued, except the fever, which had ceased several days before. The cough had a very marked croupal character. Respiration laborious and hissing, especially during inspiration; expectoration aqueous, abundant, containing many small fragments of membraniform concretions of a grayish-white, and of the consistence of the boiled white of an egg; pulse 86; heat of skin natural; no derangement of the digestive functions. On examining the fauces, many patches of lymph, of the size of a finger nail, were observed near the base of the uvula and velum palati. Ordered twelve leeches to the sides of the larynx; and the same day emetic potion with two grains of tartar emetic; tisan of saponaria. The vomiting was abundant, and produced the expectoration of numerous shreds of dense, membraniform concretions, one of which was about three inches long, tubular and bifurcated at its extremity, perfectly represented one of the first divisions of the bronchia.

The next day, July 8th, new plates of coagulating lymph were observed on the tonsils, the velum palati, and the posterior portion of the larynx. The aphonia was complete: the chest on percussion resounded naturally every where; but the respiration was feeble, and made a noise very analogous to that of bronchic respiration; besides, at intervals a little of the vibrating râle was heard. Ordered a concentrated solution of sulphate of alumine to be applied to the shreds of lymph in the throat; potion with a strong decoction of polygala; two grains of calomel every two hours.

9th. The membraniform concretions of the pharynx were in part detached, leaving exposed red sensitive spots deprived of epithelium. Respiration freer; patient feels better; constipation. Ordered three glasses of Seidlitz water; frictions on the anterior part of the neck, with half a drachm of mercurial ointment; other remedies to be continued.

The following days the patient continued to improve. On the 12th scarcely any more of the plates of lymph could be seen in the throat, and the expectorated matter contained scarcely any membranous shreds. On the 13th the ca-

Iodine and mercurial frictions were discontinued, on account of the swelling of the gums and the commencement of salivation. The treatment is completed by mild purgatives and demulcent gargles. The cure was complete by the 25th, and the patient left the hospital the 1st of August.

Dr. Bretonneau, who was at the time in Paris, was invited by Dr. Cayol to see this patient, and after a careful examination, he was convinced of the identity of the disease with that which he had seen reign epidemically at Tours, and which he has described under the name of *Diphtherite*. He remarked, however, that the swelling of the lymphatic ganglions of the neck, and the access of dyspnoea, which he had constantly observed in the epidemic of Tours, did not exist in this patient; nevertheless, he believed the diseases identical, and prognosticated a fatal termination in this case.

On analyzing all the circumstances of the invasion and the progress of the disease, M. Cayol viewed it as a primitive fever, of which the membraniform exudation of the bronchia was a consequence, a result, a crisis. Every local affection, says he, which is the consequence of a fever, may be considered as a crisis. When the development of this local affection coincides with the cessation of the fever which has produced it, the crisis may be said to be complete, that is, good or salutary, at least when it is not badly situated; and in this last case it produces some accidents which result solely from the part affected: it becomes then the cause or the origin of a new disease. When, on the contrary, the primitive fever does not cease after the development of the local affection, it may be considered as an incomplete or insufficient crisis: so long as the primitive fever has not ceased, the disease is not judged.

These general results constitute the foundation of the doctrine of crises. Thus, then, in the case under consideration, and according to the reasoning of M. Cayol, the patient was judged, since the fever had ceased. There was then only a local affection, troublesome certainly, because it was in a bad situation, but nevertheless much less troublesome than if the general disposition of the system which had produced it still continued.

From these considerations, M. Cayol reposed much hope upon the treatment which he had many times used successfully in similar cases. This treatment is founded solely upon two principal indications—1st, to provoke the expulsion of the false membrane, which obstructed the bronchia, and formed a mechanical obstacle to respiration; 2d, to prevent the re-formation of this membranous exudation, by modifying the secretory organ which produced it. The means employed to fulfil the first indication was the tartar emetic, and for the second, the mercurial frictions and the solution of alum. The success answered the expectations of M. Cayol.

We are indebted for the preceding case and observations to the reports of cases treated in La Charité by M. Cayol, contained in the *Revue Médicale*, for April last. The case is an extremely interesting one. Lymphatic exudation in inflammation of the trachea in adults is rare, and when it occurs to the extent it did in the instance just related, recovery seldom takes place.

Neither the indications of treatment, however, as pointed out by Professor Cayol, nor the measures by which they are to be accomplished, have any novelty; it is interesting, however, to find that these measures sometimes effect a cure. The pathological views of M. Cayol possess as little novelty as his therapeutics—they are essentially the notions of the Hippocratic school revived. We have, nevertheless, thought it would be interesting to present them to our readers, as their advocate is one of the most eminent professors of Paris, and one who is constantly brought forward by the opponents of physiological medicine as the rival of M. Broussais.

39. *Treatment of Gonorrhœa*.—The *Journal Général*, of February last, contains an interesting article by M. GUERIN, de Mamers, on the treatment of gonorrhœa by antiphlogistics and balsam of copaiva. M. G. reports many cases successfully treated by these means. He employed the copaiva alone, or in the